REPORT BY

NURSING HOMES RESIDENTS' COMPLAINTS COMMITTEE

TO THE

MINISTER OF HEALTH

THE HONOURABLE MURRAY ELSTON

MARCH 1986

Ontario

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Nursing Homes
Residents' Complaints
Committee

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March 3, 1986

The Honourable Murray Elston
Minister of Health
Province of Ontario
10th Floor
Hepburn Block
Queen's Park
Toronto, Ontario
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Dear Mr. Minister:

I am pleased to submit the report of the Nursing Homes Residents' Complaints Committee.

The members of the Committee wish to take this opportunity to express their interest and commitment to the rights of residents in nursing homes.

Yours sincerely,

Dorothea Crittenden

Dorothea Crittenden
Chairman
Nursing Homes Residents' Complaints Committee

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M E M B E R S

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THE COMMITTEE

The Minister of Health appointed the Nursing Homes Complaints Committee on March 22, 1985. Dr. Dorothea Crittenden was named Chairman of the Committee, which was comprised of nine committee members and one secretary. The offices are located at the Nursing Homes Branch of the Ministry of Health at 15 Overlea Blvd., Toronto.

The Committee was assigned:

a) to facilitate the resolution of complaints originating from nursing home residents, by mediating or negotiating a co-operative solution.

b) to consider all complaints not under the jurisdiction of the Nursing Homes Act and Regulations, or Ministry of Health nursing home policy, or matters previously investigated by the Nursing Home Branch with which the complainant remains unsatisfied, presented by:

(i) Residents' Councils
(ii) Individual residents
(iii) Representative(s) of residents
(iv) Ministry of Health;

c) to inform the Minister about the Committee's activities through regular reports on the complaints;

d) to inform the principals of the results of its activities respecting a complaint;

e) to maintain the confidentiality of a complaint when requested to do so;

f) to give advice to the Minister on quality of life matters arising out of its activities where the Committee deems it suitable and appropriate to do so; and,

g) to perform such other duties which may be assigned by the Minister.

SUMMARY

Although the Committee held its first meeting in March, 1985, the Ministry of Health staff did not notify the nursing home operators of the Committee's appointment and mandate until July, 1985. Later, the Committee became aware of the fact that in many cases that letter was never received by residents or their families. As a result, the Committee members quickly decided to visit as many nursing homes as possible, so that it could monitor and receive complaints directly from residents and relatives.

The Committee members visited over 183 nursing homes. Whenever possible, they participated in residents' council meetings or read the minutes from those meetings, met with residents and families and made themselves available to listen to and receive complaints. Complaints were often received by telephone or letter after a Committee member had visited a nursing home.

In the course of the past 10 months, as residents became aware of our role, the number of complaints gradually increased. In total we had 101 formal complaints. They ranged from assisting a resident to obtain tax receipts from his nursing home owner, to assisting a resident obtain home care in lieu of nursing home accommodation. A large majority of the complaints were about food, diet or overcrowding in dining rooms.

The majority of the complaints were resolved satisfactorily for the residents and the nursing home owner, but in certain instances we have not been so successful. For example:

(i) A husband and wife who lived together in a nursing home were separated because the wife came to need more nursing care. As a result, she was moved to a chronic care hospital while the husband remained in the nursing home. We have not been able to reunite this couple because each is obtaining the care required by their particular needs.

(ii) A young women is a developmentally handicapped resident in a home with only geriatric residents. In spite of our efforts and those of the nursing home owner, the geriatric patients have ostracized her. We have been unsuccessful in having this resident moved to a more suitable home.

The nature of many of the residents complaints required the Committee to assume a facilitative role to obtain an appropriate resolution. In other words, after receiving a complaint from a resident or her family, the Committee found that it was acting in the interest of the resident to negotiate a settlement in a dispute with management. Many relatives did not want to be identified. Often the Committee was asked to assist in moving a resident from one nursing home to another. On other occasions, we found families reluctant to accept a doctor's recommendation for placement in a nursing home and the families asked the Committee for assistance in securing Home Care Services. (When this happened, the Committee enjoyed excellent co-operation from all service deliverers.) As well, the Committee was also asked to assist in accessing services outside the nursing home industry. (e.g., obtain Home Care, services of a therapist, etc.).

In some instances the complaints were between nursing home residents, such as one resident harrassing another with his electric wheel chair.

We attempted to resolve all matters with the assistance and co-operation of the nursing home operators.

EXAMPLES OF COMPLAINTS RESOLVED

1. A husband in a small Ontario city had a stroke and needed more nursing care than his elderly wife was able to provide. After some time, the only nursing home space that was available for the gentleman was 60 miles away. His wife was not able to visit him from November to May because of the distance--she does not drive and there was no other available transporation. He was suffering from loneliness and being uprooted from his community. With the help of the Nursing Homes Complaints Committee, the gentleman was moved to a nursing home in his own community where his wife can regularly visit him.

2. The accountant for a resident requested that she obtain nursing home receipts for the previous three years so that she could use them for income tax deductions. (Her returns were being audited for other reasons.) When the resident requested them from the nursing home operator, he refused. The resident contacted the Nursing Homes Complaints Committee. After the Committee member discussed the matter with the owner, we were able to negotiate that the resident would pay for the extra work involved. The receipts were provided before the end of December to the satisfaction of all parties. The resident has now advised us she has received a refund from Revenue Canada of $17,642.57.

3. After a resident entered the hospital, the nursing home operator continued to bill the patient's representative for three months. When the resident's son became aware of this, he requested the Nursing Homes Complaint Committee to review the matter and obtain a refund. The Committee negotiated with the owner and obtained the refund.

4. A resident in a nursing home required a special religious diet which was not made available to him. A family member requested help from the Committee and it was arranged that one kosher meal a day would be provided by Meals-on-Wheels. The Nursing Homes Branch also reaffirmed owners' responsibility to provide any diet that is required for religious reasons.

5. An elderly diabetic woman, living alone in a city in northern Ontario, was advised by her physician to apply for admission to a nursing home. Her health care requirements had increased but she was opposed to the idea. The family members living in Toronto requested the Nursing Homes Complaints

Committee to assist them in helping to keep their mother in her own home. The Committee directed the family to Home Care in Toronto which arranged an assessment for Home Care in the northern city. Since the mother already had a V.O.N. coming to her house three times a week, Home Care was arranged, and later, Home Makers Service was arranged through the municipality. She is being maintained in her own home.

6. A family member complained about intolerable crowding in a dining room of a nursing home. After visiting the nursing home, a Committee member verified that this was not an exaggerated situation. The Committee immediately notified the Nursing Homes Branch of the conditions and arrangements were made for two sittings in the dining room.

7. A family member complained to the Nursing Homes Complaints Committee that a resident was suffering from an allergic reaction to an animal which was greatly beloved by the other residents in the nursing home. While the dispute caused great distress in the nursing home, the owner believed that the other residents were entitled to keep the pet. The Committee arranged for the resident to visit an allergist and determine what specific allergies the resident had. It was later found that the pet was not the allergic agent.

RECOMMENDATIONS

It is the sincere belief of the Committee members that the Nursing Homes Complaints Committee has served a useful purpose for the present residents of nursing homes, as well as for families who are currently seeking nursing home care. As a result of our experience, it is clear that complaints and problems in nursing homes are inherent to the system, simply by the nature of being involved with so many different personalities. When one problem is solved, another will take its place. However, with patience, time and understanding, most problems can be resolved satisfactorily.

It is obvious that there is a strong need for a mechanism such as the Nursing Homes Complaints Committee to accept and attempt to resolve complaints. Therefore, we recommend that such a mechanism remain in place.

COMMENTS REGARDING QUALITY OF LIFE

As a result of our visits to 183 nursing homes throughout the province of Ontario, it is the conclusion of the Committee members that the nature of the industry has changed since the legislation was enacted in 1972. While the Act fulfilled the apparent needs at the time, it is now clear that now the legislation and policy governing the industry needs to be amended and up-dated. In a profit-oriented system, operators are motivated to decrease costs--in this case food, staff, time, luxuries, etc.--in order to increase or maintain their profit margin. As a result, many aspects of the industry do not reflect the expectations of Ontario society in 1986.

The Committee generally found that the non-profit nursing homes operated by hospitals, municipalites, ethnic and religious groups provide extremely good nursing home care. We would like to point out, however, that there are good nursing homes operated by profit-oriented owners. But the private sector owners who operate poor nursing homes have discredited the entire industry.

It has been the philosophy of the Committee that the care of the frail elderly should be done with compassion and love, in a system which allows people to keep a sense of self-worth and hope for the future. The surroundings should be pleasant and comfortable – as homelike as possible. The lifestyle should be conducive to promoting hope for rehabilitation and independence. The resident's life should be as full and active as possible so that he/she can have enjoyment through activities or religious programs, and the system should be flexible enough that the preferences of the residents take precedence over the rules of the institutions. The goal of the residents should be to get better. A nursing home should not be seen as a place to go to die, but a place to live.

The residents are not there to serve the needs of the industry--the industry exists solely for the benefit of the residents.

Since the Committee members unanimously adhered to, and were motivated by that philosophy, it readily became apparent that the dominant theme of the Committee's task had become section (f) of the Committee's terms of reference:

"To give advice to the Minister on quality of life matters arising out of its activities where the Committee deems it suitable and appropriate to do so."

Most of the following recommendations are intended to identify ways that the quality of life for our elderly can be improved and assured.

STAFFING

After the review of so many nursing homes, and listening to many complaints, it is our opinion that good management is the first prerequisite for a good nursing home. A home that has an excellent Administrator, an excellent Director of Nurses, a good Assistant Director and a top notch Activity Director, can give enthusiastic and competent leadership to a whole operation and can, in fact, often compensate for other shortcomings.

1. Administration

We recommend that an Administrator, a Director of Nurses, and an Activity Director should be employed full-time by all nursing homes and not on a part-time or shared basis between homes. Further, all homes with 100 beds or more should also have an Assistant Director of Nurses. It is inexcuseable that some homes do not have these essential positions and continue without them.

2. Nursing Care

We have observed that the number of hours of nursing care varies greatly from nursing home to nursing home. As a result, we recommend that a study be undertaken--nursing home by nursing home--to determine what the direct care needs are and what the appropriate staffing levels should be to meet those needs. It is obvious that the care requirements will vary from one home to another. Furthermore, the hours of nursing care counted should be strictly bedside hours. They should not include time spent by the Administrator, the Director of Nurses or any other administrative person.

There are certain periods every day which are heavier than others. In terms of direct care, the heaviest seems to be the morning. On several occasions the Committee has seen patients who are awakened at 5 a.m. so that the staff can have everyone bathed, dressed and ready for breakfast at 8 a.m. Staffing levels should be appropriate to meet the needs of the patients. The patients' schedule should not be determined by the needs of a (too small) staff. Furthermore, the staffing schedule should be for seven days. Agency staff should not be used week-ends, except due to illness or holidays.

It is also recommended that new qualifications be developed for all nursing home staff, indicating exactly what kind of qualifications are needed and acceptable. The qualifications for a Registered Nurse and a Registered Nursing Assistant are monitored by the College of Nurses, but for nursing aides--who offer the direct care --the qualifications are much less clear. Indeed, the Ontario Nursing Home Association has even pointed to the fact that some aides are graduating from institutions with questionable curicula. This matter should be reviewed by the Ministry of Health so that it can be rectified as soon as possible. Also since they do not have extensive health training it is the preference of this Committee that the term "health care aides" be changed to "care assistants.

3. Social Workers

Because more and more emphasis is being placed on rehabilitation in hospitals and nursing homes, it becomes very important for nursing homes to know how to access physiotherapists, occupational therapists, audiologists and other specialists throughout the health care system. A nearby Home Care office can provide access but often these resources are only available through hospitals and clinics at great distances away from the nursing home. We recommend that a method to expedite access to the resources of the health delivery system should be implemented.

One way to help expedite the process, might be for nursing homes to hire full or part-time 'social workers'. These persons need not be accredited M.S.W.'s. Social workers could:

i) access other services in the system.
ii) facilitate the resolution of small complaints and disputes, (which do not require resolution by the Committee).
iii) assist families and individuals to adjust to life in the health care system, and
iv) provide emotional support to the residents who need it.

Our Committee has been pleased to be helpful in many small matters, but it would be more efficient and useful to have a social worker on the staff of the home.

4. VOLUNTEERS

Many owners, including those who run profit operated nursing homes have wonderful volunteer programs. But others find it almost impossible to obtain volunteers. This is due to many factors: such volunteer work is often anathaema to the populace of a large metropolitan area where cultural and hospital institutions offer more challenging and prestigious opportunities. In small towns, however, the community feels closer empathy with the nursing home and can often provide a more active volunteer service. Indeed, we were very impressed with the enthusiasm and dedication of many of the volunteers and the tremendous difference that they make to the quality of life for residents.

What we found troublesome, was the discovery that many people believe that the private operator can save money by using volunteer services. Specifically, volunteers contribute enormously to the residents' quality of life--by having the time to sit and talk or read to them, taking them shopping, organizing parties, etc. (but not feeding patients or performing the duties of by the nursing staff). These are extras not included in the per diem paid to the operators of either profit or non-profit nursing homes.

There is no doubt that the Ontario Association of Nursing Home Owners has tried to assist operators to access volunteer services and, in some instances, has had success. Also, some nursing homes have a committee composed of the residents' families which is effectively providing assistance to the residents' council and the nursing home administration.

We were very impressed with the direction taken by one nursing home. The administration requested families to visit the nursing home for two hours a week, whether to visit their own relatives, or to become involved with the residents' council, family council, or other activities.

But many homes are still woefully lacking in adequate volunteer services. There have been suggestions that Community Boards may be an answer to obtaining volunteers and providing assistance to private operators. Certainly volunteer auxiliaries are an absolute necessity and whatever mechanism will assist in this promotion will be helpful.

Assistance must be provided by the Ministry to help the Ontario Nursing Home Association and individual operators in their efforts to increase volunteer participation and to convince the community how great the need is for volunteers in this ares. We recommend that the Ministry provide a Co-ordinator of Volunteer Activities.

THE NURSING HOMES BRANCH

The nursing home industry currently consists of 331 homes, caring for approximately 30,000 dependent residents and representing a Provincial expenditure of approximately $256 million. At present time, the Branch is essentially an inspection and licensing organization and has neither the resources or mandate to assume a facilitative managerial role. Given the general aging issue and the current state of the industry, there is a major requirement for the Branch to assume a leadership function in the further development of the Nursing Home system.

1) The Nursing Homes Branch must give leadership to the nursing home operators to help meet the expectations of society in these times. One way to do that would be by developing improved qualifications for personnel in nursing homes.

2) The Branch should assist the Ontario Nursing Homes Association in developing workshops for activity directors, volunteer groups and other activities that arise periodically. The Branch currently has a front line of extremely dedicated, hard-working and competent inspection staff, but the Ministry needs to do more than inspect and license nursing home beds. Consultants are needed to develop appropriate programming for residents.

3) The Branch should develop a pamphlet "How to Select a Good Nursing Home". Too often families wait until a patient is discharged from hospital before looking for a nursing home. At the last minute they have to take what is available rather than what is suitable. This is potluck. If a booklet were prepared which indicated how to select a nursing home and also listed the nursing homes by district, the family could be prepared and feel that they have more control over their situation. This could be distributed to all discharge planners in active treatment hospitals to give to families prior to discharge.

The same booklet might also indicate alternatives to nursing home care that are available such as:

Day Care
Home Care
Homemakers Services
Respite care

4) The Ministry of Health should ensure that the staff of the Nursing Home Branch is exposed to workshops and training programs on matters in health delivery systems that are allied to the requirements of their jobs in the Nursing Home Branch. The list of areas in which expertise and knowledge are useful is extensive--and would include such things as: hospices, palliative care units in hospitals, Alzheimer Society meetings, community resources for those leaving nursing homes, conferences which concentrate on long-term care, and how to maintain the dignity of an individual in a nursing home. Indeed, such a commitment is essential because gerontology is a growing and ever-expanding field.

SERVICES TO RESIDENTS

Currently nursing homes are providing services to anyone who is certified as requiring extended care service. This includes young, middle-aged or elderly people with chronic disease ranging from amnesia to multiple sclerosis to strokes. Most nursing homes provide care to three large groups of people: the developmentally handicapped, ex-psychiatric patients, and the elderly.

1) Developmentally Handicapped

The developmentally handicapped residents do not belong in nursing homes. In 1974, approximately 10,000 developmentally handicapped persons were transferred to the jurisdiction of the Ministry of Community and Social Services. They are now living in much better community group homes, and receive the appropriate stimulation which allows them to develop to their potential. But for some reason about 2,000 stayed in nursing homes. This group does not have the same stimulation and programming in a nursing home that they would be receiving if they were transferred to the jurisdiction of Community and Social Services. Although many are receiving excellent assistance through the Tri-Ministry projects, it is not enough.

As well, when the nursing home serves a mixed population of geriatric and developmentally handicapped residents, the developmentally handicapped are sometimes ostracized by the other nursing home residents and are made to feel unwelcome in the group activities. As a result, they have to live in a situation which puts them at an unfair advantage. Indeed, the Activity Director is expected to carry out an almost impossible task in developing programs for the residents when the residents' needs, expectations, and capabilities are so varied.

We recommend the immediate transfer of the developmentally handicapped residents to the Ministry of Community & Social Services.

2) Alzheimer Victims Patients

As they grow older, geriatric residents change and their needs become greater. As well, the population of aging persons suffering from Alzheimer Disease

is apparently increasing. We have received many requests for help from friends and families of Alzheimer patients in finding a place in a nursing home. At the present time it is very difficult to find a bed anywhere in Metro Toronto, as well as other parts of the province.

One of the serious problems about this disease is that such patients grow progressively worse. Sometimes they want to escape--and make every attempt to do so. During a belligerent or hyperactive periods they disturb other residents, become hostile and physically difficult to handle sometimes hitting residents or disturbing the sleep of others.

The Committee had a complaint from a patient--an amputee--who was awakened in the night by an Alzheimer resident who would creep into her room and hit her. After several nights of this, she became terrified to go to sleep. While we were able to resolve this particular situation, it is typical of the kind of problems that occur with Alzheimer cases.

We recommend that a demonstration project designed by the Ministry of Health to care for Alzheimer residents be established as rapidly as possible. The nursing and program requirements appear to differ dramatically for Alzheimer residents from other geriatric patients and only if a demonstration project is implemented can the appropriate kind of care be assessed for the future.

3) Placement Programs

Placement programs have proven to be a successful method of matching an applicant for nursing home services with the appropriate provider. The Committee would like to recommend that the expansion of placement services take place as rapidly as possible.

4) Assessment Programs

Health needs of residents should be reassessed at least yearly, by independent assessment procedures, to ensure that they are receiving the appropriate care--not only nursing care, but other services, such as dental care, eye examinations, hearing aids, reading machines, access to book and music tapes, or psychiatric support.

5) Respite Care and Day-Care

As part of the effort of the whole system to encourage families to keep relatives at home, nursing homes should be encouraged to provide non-subsidized respite care and their license must indicate how many beds they should be allowed to make available. As well, nursing homes could be encouraged to provide day-care centres.

6) Residents' Councils

The overall impression that Committee members have to the residents' councils is that they do not function as effectively as they could. This is due to a variety of reasons--attendance is low and usually from the same residents; heavy care residents can not attend without volunteer assistance; a bad population mix of residents will create turmoil at the council meetings; the residents have little or no experience in conducting meetings and following through on motions.

As well, a review of the minutes of the council meetings reveal a repetition of the same complaints:

Quality of food menus and portions
Lost or stolen clothing
personality conflicts (with staff or other residents)

The residents' councils which have some degree of success are those which have an alert executive who have had prior business or professional experience and volunteers or family members who assist and participate.

We were impressed with several councils. At the Extendicare Nursing Home in Falconbridge, the residents' council is elected annually by secret ballot and more than half the number of residents participates. The current President set up specific committees to deal with various areas of concern. As a result, a food committee deals directly with the dietary department of the nursing home and the two meet together monthly. The decorating committee has responsibility for decorations as well as the enhancement of the nursing home environment.

Another creative approach was initiated by the residents' council at Leisure World in North Bay. There, the council invited the executive of other residents' councils in the area to a social event in order to establish contact and share experiences.

It is evident to the members of this Committee that residents' councils need support from the Ministry of Health. Workshops held twice a year for several staff and council members could be very beneficial. Also, a member of the Ontario Residents' Council Association should speak at residents' council meetings in every home to encourage residents to participate in councils and to let residents know the purpose of the councils and how to get the most out of them.

FOOD

The most frequent type of complaints received during our informal visits were concerned with meals. Repeatedly, residents complained that food is unappetizing, served poorly and cold, and presented in an unfriendly, hurried way. Indeed, the Committee agrees. Mealtime in nursing homes does leave much to be desired. Yet, according to many residents, mealtime is the highlight of the day.

The staff of the Nursing Homes Branch states that the average cost of food in a nursing home is $2.50-$2.60 a day. This Committee has found some homes that spend as little as $2.10 per day. Even bulk buying can not properly feed a resident on $2.10 a day. Some of the better nursing homes spend up to $3.00 a day.

In the preparation of food, two people can take the same ingredients and turn out two different meals. One will be appetizing, hot when it is supposed to be hot, and have terrific eye appeal. The other might be tasteless, overcooked, colourless and too soft to stay on the fork.

The Committee has seen bright, cheerful, clean, spacious dining rooms set with table cloths and fresh flowers. It has also seen dingy, dirty, crowded, basement eating areas without any natural light or table coverings, and within view of washrooms and laundry areas. In some nursing homes residents eat in their geriatric or wheel chairs in halls and stair landings; in others, residents have to wait up to an hour to find space in the dining room. We have seen one nursing care aide shovelling food into two or three handicapped residents at a time. Often residents are prepared for a meal hours before it begins because there isn't enough staff to help everyone be ready for a meal at the same time.

The Committee has concluded that there must be some way to improve and standardize the quality of nourishment and dining throughout the system.

We recommend that the nursing home operators be encouraged to consider a good cook essential to the operation of a good nursing home. As well we recommend that a study be undertaken by community representatives and the Ministry of Health to encourage a better diet and to stimulate better food

preparation. Further to that concern, a study should be undertaken with participation from community representatives, nursing home operators and the Nursing Homes Branch to review and develop new menu plans which can be used in the nursing homes. The community representatives should be well-informed and able to monitor changes which take place in the food and diet sector.

However, there are some basic changes that could take place immediately:

i) It is absolutely imperative that there be more flexibility in meal hours, not only so that residents can enjoy their meal in a leisurely manner, but so that their entire day is not dictated by a rigid meal schedule.

ii) The residents' council should be required to participate in the planning of menus and there should be closer liaision between the dietary supervisor and the residents.

iii) Alternate menus should be posted on the menu board in the morning with a choice of two entrees and a third choice of sandwich. Or, the residents should be given pre-choice.

iv) There must be more fresh fruits and vegetables.

v) Residents should be allowed to choose fresh milk if they so desire and they should have a choice of any kind of juice-fresh, canned or frozen-including prune.

vi) This Committee believes that paper dishes and plastic utensils are not acceptable. Tablecloths and placemats should be mandatory with personal identification at each table naming the resident and his/her diet.

vii) Tables must have enough room for two, four or six people with comfortable dining chairs.

viii) Dining rooms should be on the ground level--never underground--and be bright, well lit, attractive, cheery and well decorated.

ix) The dining room should be separate from the activity area, so that activities are not restricted by the dining schedule.

HOUSING

It is apparent that many of the elderly lose a sense of identity when they are admitted to a nursing home. Even though the staff of a nursing home does everything possible to assist in adjusting to life in a nursing home, many residents never get over their sense of despair. Indeed, the larger the nursing home, the more insignificant the individual may feel. Large nursing homes have a tendancy to operate as institutions and lend themselves to warehousing of the elderly. We have come to the conclusion that new nursing homes should be no larger than 60 to 100 beds.

To minimize the institutional nature of nursing homes, the Committee believes that aesthetic qualities should be an important consideration in maintaining the interests of a good quality of life. New nursing homes should be designed to accommodate private or semi-private accommodation, with a certain number of semi-private rooms designated as ward. The decoration should be homey. Rooms and lounges should have TV's, radios, desks, couches, fireplaces, lamps, and comfortable chairs. There should be gardens and patios and green space for every nursing home. We have seen several nursing homes on the intersections of downtown city streets or major highways. Nobody would say that these are ideal places to retire.

Nursing home owners should be committed to providing good library facilities which include large print books, magazines, talking books, games and decks of cards. These resources should not be dependent on volunteers.

We have received frequent complaints that personal belongings such as clothes, candy and money are misplaced or pilfered. With proper storage facilities, residents could be confident that their things are not likely to get lost. Members of this Committee believe that every resident should have a drawer, or locker, where they can control and organize their belongings.

CLOTHING

This Committee has been very distressed to learn that the clothing of a deceased resident will often be passed on to another resident in the same nursing home. We find this macabre. As well, there are many families who have tried to have the resident's belongings returned to them and the nursing home has not been able to locate them. On one occasion, when we were investigating a complaint, it came to our attention that many of the private belongings of the residents had been dumped into an unused room. We find such customs abhorrent. It is imperative that clothing be removed immediately when a resident dies or leaves the nursing home.

Further it is the Committee's opinion that grooming, beyond the basics of nursing care, should be a priority with all nursing home staff. We have seen residents who are inappropriately dressed for the weather or the occasion. There is no need for this kind of negligence. Good grooming is essential for self-esteem.

CONCLUSION

While the Nursing Homes Complaints Committee members have been disturbed at much of what they have seen in the nursing home industry, there is no doubt that they have been equally touched by the staff members they have come in contact with who have a deep and genuine concern for the well-being of the nursing home residents. They should be lauded. They deserve far more appreciation and recognition than they enjoy now. Very often they are working in difficult situations, with limited financial return. Yet, they are the embodiment of society's expectations for the care of its elderly. Their compassion should not be the exception, but the rule.

It is the hope of the members of this Committee that the silent strength and spirit of those kind workers be carried through these recommendations to inspire the whole industry.